



STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

Type or Print Clearly

W
9/1102005 KW

1. Committee Identification No. 69616 50		3. Type of Filing <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment to Item(s) 5	
2. Full Name of Committee CTE JOHN C. HERTZEL		Date Change Took Place 4 12 91 Month Day Year	
4. Candidate Name		County of Residence	
Office Sought (include district or jurisdiction served)		Party (if applicable)	
5. Committee Street Address (street, city, state, zip code) 71 NORTH AVE MT CLEMENS, MI 48043		5a. Committee Mailing Address (if different from street address)	
6. Date Committee Was Formed Mo. Day Yr.	8. Full Name and Mailing Address of Treasurer		
7. Committee Area Code and Phone	Area Code and Phone		
9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, leave this item blank. Name Mailing Address Area Code/Phone			
10. REPORTING WAIVER SECTION <input type="checkbox"/> The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.			
11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories).		12. This item applies only to a gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.	
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.			
Treasurer Type or Print Name JOHN C. HERTZEL		Signature John C. Hertzel	
Candidate Type or Print Name JOHN C. HERTZEL		Signature John C. Hertzel	
Date Mo. Day Year 4 12 91		Date Mo. Day Year 4 12 91	
14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)			
14a. Full Name and Address of Officeholder Expense Fund	14b. Full Name and Address of Treasurer of Officeholder Expense Fund	14c. Officeholder Expense Fund Depository Name and Address	



STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

FILED

MICHIGAN DEPARTMENT OF STATE
Elections Division

Type or Print Clearly

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Nov 1 12 01 PM '89

1. Committee Identification No. 69616-50		3. Type of Filing <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment to Item(s) 14, 8 Effective Date of Amendment 10 30 89 Month Day Year	
2. Full Name of Committee Committee to Elect JOHN C. HERTEL		MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN	
4. Candidate Name JOHN C. HERTEL Office Sought County Commissioner Dist 14		County of Residence MACOMB Party (if applicable) Democratic	
5. Committee Street Address (street, city, state, zip code) 28305 THIRTY MILE ROAD RICHMOND, MI 48062		5a. Committee Mailing Address (if different from street address)	
6. Date Committee Was Formed Mo. Day Yr.	8. Full Name and Mailing Address of Treasurer TIMOTHY A. BANORSKI 71 NORTH AVENUE MT. CLEMENS, MI 48043		Area Code and Phone 313 469 1111
7. Committee Area Code and Phone (313) 749-9255	9. Identify the Principal Officers of this Committee, other than the Treasurer Name Title or Position Mailing Address Area Code/Phone		
10. REPORTING WAIVER SECTION <input type="checkbox"/> The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.			
11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories). FIRST NATIONAL BANK 49 MACOMB PLACE MOUNT CLEMENS, MI 48043		12. This item applies only to a gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.	
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief. Treasurer TIMOTHY A. BANORSKI / [Signature] Date 10-30-89 Candidate JOHN C. HERTEL / [Signature] Date 10-31-89			
14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)			
14a. Full Name and Address of Officeholder Expense Fund JOHN C. HERTEL DEF	14b. Full Name and Address of Treasurer of Officeholder Expense Fund TIMOTHY A. BANORSKI 71 NORTH AVENUE MT. CLEMENS, MI 48043	14c. Officeholder Expense Fund Depository Name and Address First Natim Bank 94 MACOMB PLACE MT. CLEMENS, MI 48043	



STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE
Elections Division

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Type or Print Clearly

1. Committee Identification No. 69616-50		3. Type of Filing <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment to Item(s) 4, 5, 7, 8, 11	
2. Full Name of Committee Committee to Elect John C. Hertel		Effective Date of Amendment 5 Month 16 Day 88 Year	
4. Candidate Name John C. Hertel		County of Residence Macomb	
Office Sought County Commissioner - District 14		Party (if applicable) DEMOCRAT	
5. Committee Street Address (street, city, state, zip code) 28305 Thirty Mile Rd. Richmond, MI 48062		5a. Committee Mailing Address (if different from street address)	
6. Date Committee Was Formed Mo. Day Yr.	8. Full Name and Mailing Address of Treasurer Timothy A. Bahorski 37 Macomb Mt. Clemens, MI 48226-9110		
7. Committee Area Code and Phone (313) 749-9255	Area Code and Phone (313) 469-1111		
9. Identify the Principal Officers of this Committee, other than the Treasurer			
Name	Title or Position	Mailing Address	Area Code/Phone
10. REPORTING WAIVER SECTION <input type="checkbox"/> The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.			
11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories). FIRST NATIONAL BANK 49 MACOMB PLACE MOUNT CLEMENS, MI 48043		12. This item applies only to gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.	
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.			
Treasurer Type or Print Name TIMOTHY A. BAHORSKI		Signature 	
Candidate Type or Print Name JOHN C. HERTEL		Signature 	
Date Mo. Day Year 5 16 88		Date Mo. Day Year 5 16 88	
14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)			
14a. Full Name and Address of Officeholder Expense Fund	14b. Full Name and Address of Treasurer of Officeholder Expense Fund	14c. Officeholder Expense Fund Depository Name and Address	



STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE
Elections Division

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Type or Print Clearly

1. Committee Identification No. 69616-50		3. Type of Filing <input checked="" type="checkbox"/> Original from Wayne County Transfer #123364 <input checked="" type="checkbox"/> Amendment to Item(s) 4,5,7	
2. Full Name of Committee Committee to Elect John C. Hertel		Effective Date of Amendment 1/15/88 Month Day Year	
4. Candidate Name John C. Hertel		County of Residence MACOMB	
Office Sought		Party (if applicable)	
5. Committee Street Address (street, city, state, zip code) 1081 Maryland Grosse Pointe Park, MI 48230		5a. Committee Mailing Address (if different from street address)	
6. Date Committee Was Formed Mo. Day Yr.	8. Full Name and Mailing Address of Treasurer John E. Mogk 1315 Grayton Grosse Pointe Park, MI 48230		
7. Committee Area Code and Phone 313 824-6043		Area Code and Phone (313) 885-4589	
9. Identify the Principal Officers of this Committee, other than the Treasurer			
Name		Title or Position	
		Mailing Address	
		Area Code/Phone	
10. REPORTING WAIVER SECTION <input type="checkbox"/> The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.			
11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories). National Bank of Detroit 17449 E. Jefferson Grosse Pointe, MI 48230		12. This item applies only to a gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.	
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.			
Treasurer John E. Mogk Type or Print Name		Signature John E. Mogk	
Candidate John C. Hertel Type or Print Name		Signature John C. Hertel	
Date 1 31 88 Mo. Day Year		Date 1-31-88 Mo. Day Year	
14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)			
14a. Full Name and Address of Officeholder Expense Fund		14b. Full Name and Address of Treasurer of Officeholder Expense Fund	
		14c. Officeholder Expense Fund Depository Name and Address	



STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE
Elections Division

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Type or Print Clearly

1. Committee Identification No. 123364 69615-50		3. Type of Filing <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment to Item(s) 4,5,7	
2. Full Name of Committee Committee to Elect John C. Hertel		Effective Date of Amendment 1 15 88 Month Day Year	
4. Candidate Name Office Sought		County of Residence MACOMB Party (if applicable)	
5. Committee Street Address (street, city, state, zip code) 1081 Maryland Grosse Pointe Park, MI 48230		5a. Committee Mailing Address (if different from street address)	
6. Date Committee Was Formed Mo. Day Yr.	8. Full Name and Mailing Address of Treasurer		
7. Committee Area Code and Phone (313) 824-6043	Area Code and Phone		
9. Identify the Principal Officers of this Committee, other than the Treasurer			
Name	Title or Position	Mailing Address	Area Code/Phone
10. REPORTING WAIVER SECTION <input type="checkbox"/> The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.			
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Treasurer John E. Mogk Type or Print Name	Signature <i>John E. Mogk</i>		Date 1 15 88 Mo. Day Year
Candidate John C. Hertel Type or Print Name	Signature <i>John C. Hertel</i>		Date 1 15 88 Mo. Day Year

14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)

14a. Full Name and Address of Officeholder Expense Fund

14b. Full Name and Address of Treasurer of Officeholder Expense Fund

14c. Officeholder Expense Fund Depository Name and Address



STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE
Elections Division

FILED
JAMES R. KILLEEN
WAYNE COUNTY CLERK
JAN 19 1988

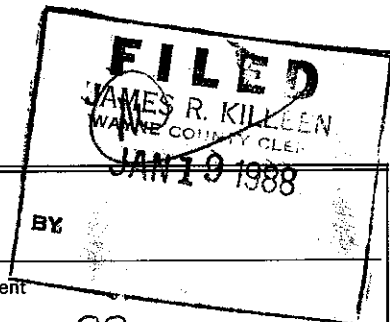
Type or Print Clearly

1. Committee Identification No. 123364		3. Type of Filing <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment to Item(s) 4,5,7 Effective Date of Amendment Month 1 Day 15 Year 88																	
2. Full Name of Committee Committee to Elect John C. Hertel		4. Candidate Name County of Residence MACOMB Office Sought Party (if applicable)																	
5. Committee Street Address (street, city, state, zip code) 1081 Maryland Grosse Pointe Park, MI 48230		5a. Committee Mailing Address (if different from street address)																	
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7. Committee Area Code and Phone (313) 824-6043																			
9. Identify the Principal Officers of this Committee, other than the Treasurer <table border="1"><thead><tr><th>Name</th><th>Title or Position</th><th>Mailing Address</th><th>Area Code/Phone</th></tr></thead><tbody><tr><td colspan="4"> </td></tr><tr><td colspan="4"> </td></tr><tr><td colspan="4"> </td></tr></tbody></table>				Name	Title or Position	Mailing Address	Area Code/Phone												
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Treasurer <u>John E. Mogk</u> Type or Print Name		Date <u>1 15 88</u> Mo. Day Year <i>John E. Mogk</i> Signature																	
Candidate <u>John C. Hertel</u> Type or Print Name		Date <u>1 15 88</u> Mo. Day Year <i>John C. Hertel</i> Signature																	
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2. Full Name of Committee Committee to Elect John C. Hertel		Effective Date of Amendment <u>1/15/88</u> Month Day Year	
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Candidate <u>John C. Hertel</u> Type or Print Name		Signature	
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